

## **DCLU APPLICANT SERVICES CENTER**

**Location:** 20<sup>th</sup> floor of Key Tower **Address:** 700 Fifth Avenue, Suite 2000

Seattle, WA 98104-5070

(206) 684-8850

## SUBJECT-TO-FIELD-INSPECTION APPLICATION

THIS SECTION TO BE FILLED IN BY BUILDING OFFICIAL  Property Address: Project Description:  Building ID #	,	ent Assistance Memo #316 for qualified projects)
Building ID #   GIS Map #   Zoning:   Permit   P/U   Mail   ECA/ESA   ECA Category #   Shoreline   Historical   Greenbelt		TION TO BE FILLED IN BY BUILDING OFFICIAL
Permit P/U Mail ECA/ESA   ECA Category #   Shoreline   Historical   Greenbelt    1 set Location Plan   Yes   No   DCLU Value: Alterations: \$   2 sets Plot Plan   Yes   No   Addition: \$   2 sets Elevation Plan   Yes   No   PERMIT COST    Construction   \$   Demolition   \$   Demol		
Permit P/U Mail ECA/ESA		
1 set Location Plan		
2 sets Plot Plan	Permit P/U Mail ECA/ESA	☐ ECA Category # Shoreline ☐ Historical ☐ Greenbelt ☐
2 sets Elevation Plan		
2 sets Floor Plan		
Receipt Number:		
Receipt Number: Project Number: Bldg Surcharge Project Number:  TOTAL  S  TOTAL  S  THIS SECTION TO BE FILLED IN BY APPLICANT  Legal Description (if legal is too long, attach it to this from):  Owner/Lessee Phone: Contact Person Phone: City Phone: City Vip Relocation Exempt: Owner Occupied No Residential Tenant Displacement  I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT  Applicant's Signature: Applicant's Name (PLEASE PRINT) Relationship to Project (CHECK ONE) Owner   Lessee   Licensed Architect   Licensed Engineer   Owner's Agent   Contractor  gent Statement: I certify that I am authorized by the owner/lessee to act as agent on their behalf for the purpose of obtaining this permit.  Agent's Signature: a contractor will do the work, please bring the contractor's original license or a notarized copy of it with you at time of opplication or send a notarized copy with this application if submitted by mail.		
Project Number: Permit Specialist (initials) Address Established (initials and okay) Establish Address Form Completed on		
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Permit Specialist (initials)		
Routing: OIN OA OP OZ Z OO SI SH A OIS  THIS SECTION TO BE FILLED IN BY APPLICANT  Legal Description (if legal is too long, attach it to this from):  Owner/Lessee Assessor's Parcel Number	Permit Specialist (initials)	Date: Bldg Surcharge \$
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Contact Person Mailing Address Relocation Exempt:  Owner Occupied  No Residential Tenant Displacement  I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT  Applicant's Signature:  Applicant's Name (PLEASE PRINT) Relationship to Project (CHECK ONE)  Owner Lessee Licensed Architect Licensed Engineer Owner's Agent Contractor  gent Statement: I certify that I am authorized by the owner/lessee to act as agent on their behalf for the purpose of btaining this permit.  Agent's Signature:  a contractor will do the work, please bring the contractor's original license or a notarized copy of it with you at time of pplication or send a notarized copy with this application if submitted by mail.	Legal Description (if legal is too long, a	attach it to this from):
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